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Page 1

2010 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATE

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

Name of Candidate LYNN POSEY

Address 1976 POSEY ROAD UNION CHURCH, MS 39668

Telephone 601-786-6339 Fax \_\_\_\_\_

DDAATTEE SMTIAAM

Contact Name LYNN POSEY Email \_\_\_\_\_

Office Sought Cent Dist Pub Serv Comm Political Party Republican

☐ Check here if above is different from previous report

## TYPE OF REPORT

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)..... Mandatory
- \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)..... Runoff Candidates
- \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)..... All Candidates
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)..... All Candidates and

Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

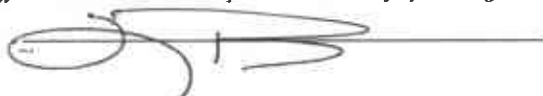
## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$32,750 + \$8,000	\$40,750	\$40,750
Total amount of disbursements \$	\$1,500 - + \$3,200 -	\$1,700 -	\$4,100 -
Total amount of cash on hand	\$59,557 -	\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.



1/31/11

Name of Candidate or Committee LYNN POSEY  
 Reporting period 1/10 through 12/10

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tommy Dulaney</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Meridian, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bill Kennedy</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>250</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Inverness, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Sales</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bill Brown</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Jackson, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Sales</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ted Kendall III</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>250</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Bolton, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Rancher</u>		Aggregate year-to-date	\$

Name of Candidate or Committee LYNN POSEY  
 Reporting period 1/10 through 12/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gerald Welch</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ <u>1000 -</u>
Mailing Address _____	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
City, State, Zip Code <u>Houma, LA.</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
Name of Employer (Required) <u>Self</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tellus Operating LLC</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ <u>500 -</u>
Mailing Address _____	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
City, State, Zip Code <u>Ridgeland, MS.</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
Occupation (Required) <u>Exploration</u>	Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CYNTHIA PARKER</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ <u>2500 -</u>
Mailing Address _____	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
City, State, Zip Code <u>Ridgeland, MS.</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
Name of Employer (Required) <u>Requested</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cecil McCrory</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ <u>250</u>
Mailing Address _____	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
City, State, Zip Code <u>Brandon, MS</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
Name of Employer (Required) <u>Self</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ _____
Occupation (Required) <u>Sales</u>	Aggregate year-to-date	\$ _____

Name of Candidate or Committee LYNN POSEY  
 Reporting period 1/10 through 12/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Joel Bobo</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Jackson, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Horne CPA</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>CPA</u>	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Syndney Allen Sr.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>250</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Jackson, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Self</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Timber</u>	Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Frank Hopper</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>West Point, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Self</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Steel</u>	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Luke</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Meridian, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Self</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Architect</u>	Aggregate year-to-date	\$ _____

Name of Candidate or Committee LYNN POSEYReporting period 7/10 through 12/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jimmy Alexander</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>AEB Electric</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Sales</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Humphill Co. INC</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Florence, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Construction</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kristi Pettit</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Madison, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Requested</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOEL PAYNE</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>250</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Mitchell Services</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Sales</u>		Aggregate year-to-date	\$

Name of Candidate or Committee LYNN POSEYReporting period 1/10 through 12/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ralph Morgan</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Timber</u>	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Waters International</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Sales</u>	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LAWYERS PLLC</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>LAW</u>	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ANN CLELAND</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>PEARL, MS.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Home CPA</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>CPA</u>	Aggregate year-to-date	\$

Name of Candidate or Committee LYNN POSEY  
 Reporting period 7/10 through 12/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charles Weissinger</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500 -</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Rolling Fork, MS.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>SELF</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Clayton</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>250</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Indianola, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Banker</u>	Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Edward Hasckaylo</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000 -</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Flowood, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>SELF</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Samuel Abern</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>250</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Meridian, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>SELF</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Contractor</u>	Aggregate year-to-date	\$ _____

Name of Candidate or Committee LYNN POSEY

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOE McLEE Co.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Lake, MS.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Contractor</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hardy Graham Sr.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>250</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Sales</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tommy Butler</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Madison, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Horne CPA</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>CPA</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nucor Steel Pac</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Flowood, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$



Name of Candidate or Committee LYNN POSEYReporting period 1/10 through 12/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BRENDA RHODES</u>		<u>1/1</u>	\$ <u>250 -</u>
Mailing Address _____		<u>1/1</u>	\$
City, State, Zip Code <u>Flowood, MS</u>		<u>1/1</u>	\$
Name of Employer (Required) _____		<u>1/1</u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NORMAN MOORE</u>		<u>1/1</u>	\$ <u>500 -</u>
Mailing Address _____		<u>1/1</u>	\$
City, State, Zip Code <u>Madison, MS</u>		<u>1/1</u>	\$
Name of Employer (Required) <u>HORNE CPA</u>		<u>1/1</u>	\$
Occupation (Required) <u>CPA</u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EUTAW CO</u>		<u>1/1</u>	\$ <u>1000 -</u>
Mailing Address _____		<u>1/1</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>1/1</u>	\$
Name of Employer (Required) _____		<u>1/1</u>	\$
Occupation (Required) <u>CONSTRUCTION</u>		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rolling Hills</u>		<u>1/1</u>	\$ <u>1000</u>
Mailing Address _____		<u>1/1</u>	\$
City, State, Zip Code <u>JACKSON,</u>		<u>1/1</u>	\$
Name of Employer (Required) _____		<u>1/1</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee LYNN POSEYReporting period 1/10 through 12/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SPENCE Dye</u>		<u>1</u> / <u>1</u> / <u>10</u>	\$ <u>1000</u> -
Mailing Address _____		<u>1</u> / <u>1</u> / <u>10</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>1</u> / <u>1</u> / <u>10</u>	\$
Name of Employer (Required) _____		<u>1</u> / <u>1</u> / <u>10</u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>P.V. Breazale</u>		<u>1</u> / <u>1</u> / <u>10</u>	\$ <u>500</u>
Mailing Address _____		<u>1</u> / <u>1</u> / <u>10</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>1</u> / <u>1</u> / <u>10</u>	\$
Name of Employer (Required) <u>Self</u>		<u>1</u> / <u>1</u> / <u>10</u>	\$
Occupation (Required) <u>CPA</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FRANK McWhorter</u>		<u>1</u> / <u>1</u> / <u>10</u>	\$ <u>1000</u>
Mailing Address _____		<u>1</u> / <u>1</u> / <u>10</u>	\$
City, State, Zip Code <u>Hattiesburg, MS</u>		<u>1</u> / <u>1</u> / <u>10</u>	\$
Name of Employer (Required) <u>Nicholson &amp; Co.</u>		<u>1</u> / <u>1</u> / <u>10</u>	\$
Occupation (Required) <u>CPA</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital Advocacy Group</u>		<u>1</u> / <u>1</u> / <u>10</u>	\$ <u>250</u>
Mailing Address _____		<u>1</u> / <u>1</u> / <u>10</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>1</u> / <u>1</u> / <u>10</u>	\$
Name of Employer (Required) _____		<u>1</u> / <u>1</u> / <u>10</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee LYNN POSEY  
 Reporting period 1/10 through 12/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CARL NICHOLSON</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>HATTIESBURG</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Nicholson &amp; Co.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>CPA</u>	Aggregate year-to-date	\$ _____
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JACKSON EXCAVATING</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>RAYMOND, MS.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MMC MATERIALS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>MADISON, MS.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Isle of Capri</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>St. Louis, MO.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee LYNN POSEY  
 Reporting period 7/10 through 12/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MARK S. BOUNDS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>250</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>MADISON, MS.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>SELF</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Realtor</u>	Aggregate year-to-date	\$ _____
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deviney Equipment</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>JACKSON, MS.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BAKER SERVICES</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000 -</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>JACKSON, MS.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deviney Co.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000 -</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>JACKSON, MS.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee LYNN POSNYReporting period 7/10 through 12/10

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deviney Brothers</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1066</u> —
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chris Crowe</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Magnolia Steel</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Sales</u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SIMMONS EROSION</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Construction</u>		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <u>CORP.</u> <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Magnolia Steel</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1000</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Sales</u>		Aggregate year-to-date	\$

Name of Candidate or Committee LYNN POSEY  
 Reporting period 1/10 through 12/10

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>LYNN POSEY</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>1500</u>
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) <u>Reimbursement Campaign Expense</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$